



511 Chambers Street
Steilacoom, WA 98388

www.steilacoom.k12.wa.us
Phone: 253.983.2200
Fax: 253.589.4892

Request for Part-Time Attendance or Services From a Private School Student or a Student Receiving Home-Based Instruction

STUDENT INFORMATION:

Name of Student Birthdate Grade

Parent Primary Phone Parent Secondary Phone Parent Email

If request is made for a Private School student, please complete this section:

Name of Private School: _____

As the parent of _____ (child's name), I attest that the
services/courses requested are not provided in the private school that my child attends.

Effective Date: _____

STEILACOOM SCHOOL DISTRICT SERVICE/COURSE INFORMATION:

SHSD school where service/course is requested: _____

Service/Course	Days of the Week (M, Tu, W, Th and/or F)	Time(s)

Parent Name (printed) Parent Signature Date

School Service Provider Name (printed) School Service Provider Signature Date

Return to: **Steilacoom Historical School District No. 1**
phone (253) 983-2228 • enrollment@steilacoom.k12.wa.us

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